

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		8	12-4-00
FORMALITY REVIEW	CM	71632	2-8-01
RESPONSE FORMALITY REVIEW	CM	71632	3/22/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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